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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 This application is a DIV of 10/163,248 06/05/2002 PAT 6,848,013  
 which claims benefit of 60/298,325 06/14/2001

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Allowance <input checked="" type="checkbox"/> Met after	STATE OR COUNTRY FL	SHEETS DRAWING 2	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 2
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Verified and Acknowledged  
 Examiner's Signature *[Signature]* Initials *[Initials]*

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TITLE  
 Intravascular stent device

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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